

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient work hardening program (WHP) for eighty (80) hours as related to the right shoulder, right thigh, bilateral knees and calf

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified Physical Medicine & Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

07/08/11 and 07/29/11

Clinical records Dr. dated 01/26/11-06/08/11

Clinical records D.C., 2011

Radiographic report left knee dated 03/03/11

Radiographic report right knee dated 03/03/11

Radiographic report right shoulder dated 03/03/11

Clinical records Dr. D.C. dated 04/26/11-07/13/11

Functional capacity evaluation dated 04/26/11

Behavioral health consultation dated 06/14/11

Work hardening preauthorization request dated 07/01/11

Employee job description, undated

Multidisciplinary work hardening plan dated 06/14/11

Physical performance evaluation dated 06/08/11

Functional capacity evaluation dated 06/29/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xxxx. She tripped over a chair mat, fell forward landing on her hands, and both her knees. She reported pain in her hands, wrist, right shoulder, both knees and lateral calves. The claimant was seen by Dr. on 01/26/11. She reported that she has had no improvement and sought care. She is noted to be obese, weighing 186 lbs. On physical examination of the right shoulder there is mild crepitation and mild pain with abduction of the right shoulder and external / internal rotation. Impingement signs are negative. Neer and supraspinatus testing are negative. Examination of the knee indicates no swelling increased, warmth or redness. There is no effusion, no bruising or tenderness noted. Range of motion is normal. Examination of bilateral calves reveals mild tenderness. She was diagnosed with bilateral knee contusions, calf strain bilaterally, right thigh pain, probable meralgia paresthetica, right

shoulder pain improving. She underwent x-rays of both knees and right shoulder. Prescriptions were given for Naprosyn and she was referred for physical therapy. On 02/16/11 the claimant was seen in follow-up by Dr.. She reported her thigh pain is improved and her calf pain only has occasional twinges. The right shoulder has some twinges of pain when she lifts her arm up. She is able to walk. Her physical examination is grossly unremarkable. She was continued on oral medications and light duty.

On 03/03/11 radiographs were performed. Radiographs of her left knee reported subtle linear obliquity oriented lucency within lateral tibial plateau. MRI was recommended. Radiographs of right knee showed no osteoarthritic abnormalities. Radiographs of right shoulder showed no osteoarticular abnormality. On 04/13/11 the claimant was seen in follow-up by Dr. She complains of stiffness. She has not had MRI and is requesting pain medications. She is in no distress. She appears a bit stiff. Shoulder shows full range of motion. Internal and external rotation is normal. Examination of left knee shows mild infrapatellar tenderness. The right shoulder and thigh appear to be stable. She is pending MRI. On 04/26/11 the claimant was seen by, D.C. at Clinic. She is reported to have increased pain with prolonged walking. She is reported to have positive anterior and posterior drawer on the left and positive McMurray's on the left. She is further reported to have shoulder sprain, sprain of left cruciate ligament, she is recommended to undergo chiropractic treatment 3 days a week. She underwent a functional abilities evaluation. She is reported to have provided consistent performance. She is noted to be lifting a light category. She is recommended to undergo 4-6 weeks of work hardening program.

On 04/29/11 the claimant underwent MRI of the left knee. This study showed minimal edema in the prepatellar subcutaneous tissue, possibly related to superficial contusion. There is no evidence of internal derangement. Records indicate that the claimant continued to receive physiotherapy. On 05/11/11 she was seen in follow-up by Dr. She completed physical therapy, had functional capacity evaluation and is reported to have trouble with stooping, squatting and balance no more than 2-4 hours, crouching and kneeling. She has panic and anxiety attacks and is seeing primary care for this. Physical examination is normal. She was given a prescription for anti-inflammatories and is to be seen in 1 month. Records indicate the claimant continued to receive treatment from D.C. On 06/08/11 the claimant was seen in follow-up by Dr. Her symptoms are unchanged. She is reported to have to kneel down in her work as file clerk. She recently had symptoms of what sounded like a stroke with slurred speech, numbness of her face and right side. She has been hyperventilating. She went to PCP and was prescribed antidepressants and is taking Lexapro and Trazadone. Her blood pressure is noted to be in 160/90 range. Review of MRI results was discussed. She had some bruising in prepatellar region. She was given work restrictions, required knee pads, and was referred for work hardening. A behavioral health evaluation was performed on 06/14/11. BDI II was 36 indicating severe depression and BAI was 41 reflecting severe anxiety. She was opined to be an excellent candidate for work hardening program. Records indicate the claimant was maintained on light duty and continued to receive treatment from D.C. A request for work hardening program was submitted on 07/01/11. It is reported her current job level requires light physical demand level and current safe work capacity is that of sedentary to light.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This claimant sustained myofascial injuries as a result of trip and fall. No significant pathology has been identified on physical examination or by imaging studies. She has undergone an extensive course of conservative treatment, which includes oral medications, chiropractic physiotherapy, with full range of motion of affected extremities with subjective complaints of pain in the knee. Her myofascial injuries clearly appear to have been resolved, and there is no significant internal derangement noted. She underwent multiple functional capacity evaluations and appears to be fully capable of performing light duty activities with restriction of limitations to occasional kneeling and provision of knee pad. She works at less than medium physical demand level. Per the ODG criteria, a work hardening program would not be indicated. The reviewer finds there is no medical necessity for Outpatient work hardening program (WHP) for eighty (80) hours as related to the right shoulder, right thigh,

bilateral knees and calf.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)